

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>E.H.</i>		<i>08-23-01</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>8-10-01</i>
FORMALITY REVIEW	<i>A</i>	<i>932</i>	<i>09-07-01</i>
RESPONSE FORMALITY REVIEW	<i>M.H.</i>	<i>625</i>	<i>10-18-01</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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*901*  
*09/07/01*  
*358*  
*10/18/01*